TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 82473BNAB Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450					
Alexandria, VA. 22313-1450			EV 293510485 US		
METHOD OF LAMINATING A PRE-PRESS PROOF			Date: NOVE	mber 24,200	5 ot ₹
First Named Inventor (or Application Identifier):					1 U.S 77208
Roger S. Kerr, et al					10,
Enclosed are:  1. X Specification			6. Assignment of the invention to		
2. Sheet(s) of drawing(s)			7. Certified copy of a priority		
3. X Information Disclosure Statement Under 37 CFR 1.97.			8. Associate Power of Attorney		
4. Combined Declaration for Patent Application and Power of Attorney: 4a. New					
4b. X Copy from a	ı prior application (3	7 CFR 1.63(d)	(for continuation/d	ivisional with Box 11 comp	oleted)
5. <u>Incorporation by Reference (useable if Box 4b is</u>			9. <u>Deletion of Inventor(s)</u> .		
checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:CROSS REFERENCE TO RELATED APPLICATION					
Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  11. Continuation X Divisional Continuation-in-part (CIP) of prior application No: 09/911,744					
12. X Please address all written communications to Mark G. Bocchetti, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all tele	ephone calls to Nelso	on A. Blish at 5	85-588-2720.		
The filing fee has been calculated		NO EVED A	DATE	ree	
FOR: BASIC FEE	NO. FILED	NO. EXTRA	RATE	FEE \$ 770	
TOTAL CLAIMS	24 - 20 =	4	x 18 =	\$ 72	
INDEPENDENT CLAIMS	2 - 3 =	-1	x 86 =	\$ 0	
MULTIPLE DEPENDEN	IT CLAIM PRESEN	TED	+ 290	\$ 0	
			TOTAL	\$ 842	
X Please charge my Eastma	n Kodak Company I	Deposit Accour	nt No. <u>05-0225</u> in th	e amount of \$ 842	
A duplicate copy of this sheet is enclosed					
X The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-6225.  A duplicate copy of this sheet is enclosed.					
				/ 1	
Nelson A. Blish/tmp Attorney for Applicants					
Telephone: 585-588-2720 Registration No. 29,134 Facsimile: 585-477-4646					